CITY OF ROCKLIN COMMUNITY SERVICES

City of Rocklin Station Extreme EMERGENCY INFORMATION

Please fill out form COMPLETELY--you may write "same" for duplicate parent address/phone numbers.

Participant's Name:				
Birthdate:		Age: Grade:		
Participant's Address:				Phone:
				Home Phone:
				Ext
Address:		Dolation		Llomo Dhono.
Parent/Guardian: Employer:				
				LXI
				ole will be contacted in the orde
<u>NAME</u>	<u>ADDRESS</u>		PHONE	<u>RELATIONSHIP</u>
1				
2				
3				
*Be respectively *Keep my I understand and agree to use may result in my loss of presite or a supervised activity	ivileges or permanent expul- that I will leave that site ar	and other partic ctful and approp and understand sion from the p and cannot re-en	cipants priate I that failure to corrogram. I understate that day.	mply with this Code of Conduct and that when I leave the school
Signature of Participant: Print Name of Participant:				
		ΓAGREEM		
Rocklin's Station Extreme conduct and have comple knowledge and understand Attendance : Arrival, and quested, an effort will be never Station Extreme close	Teen Program. I further acted the Emergency Informating of its contents. departure at Station Extremade by staff to notify parents, the Rocklin Unified School	knowledge that tion form and me are an agre ts(s) of unusual ol District requi	I have read the R signed both, on be the ement between the attendance or depires that all studen	hild to participate in the City of USD & Station Extreme codes of ehalf of the participant with full the parent and participant. If restarture from the program. Whenests leave the campus at that time, by be viewed at Station Extreme.
PARENTS WILL BE NO	OTIFIED IF THE STUDENT	IS ASKED TO	LEAVE DUE TO I	NAPPROPRIATE BEHAVIOR.
Signature of Parent/G	uardian:			Date:
Print name of Parent/	Guardian:			